2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047943

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90057 037 ***150.00

1. Entity Name

JARA AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10295 ST. ANDREWS ROAD BEACH FL 33436	10295 ST. ANDREWS ROAD BOYNTON BEACH FL 33467-7819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7703 Forestay Dr.
Suite, Apt. #, etc.
City & State: Lake Worth, FL
Zip: 33467 Country: USA

3. Mailing Address: ← Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0672436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

JARA, STEPHEN
10295 ST. ANDREWS ROAD
BOYNTON BEACH FL 33436

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable) 7703 Forestay Dr.
City Lake Worth FL Zip Code 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________ 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JARA, STEPHEN		NAME		
STREET ADDRESS	10295 ST. ANDREWS ROAD		STREET ADDRESS	see above address	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JARA, ANN		NAME	" "	
STREET ADDRESS	~~10295 ST. ANDREWS ROAD~~		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann M Jara 5/1/00 561-357-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #